LG863 Electronic Pull-tab or Linked Bingo Device Log

| Organi | ization r | name | | | | Device Number | |
|------------------|------------|--|------------------|------------|--|----------------------------|---|
| Site na | ame | License/prer | nises p | ermit n | number | | |
| Device Number | | Player Information Attach Scanner Label or Print information | Device Number | | Player Information Attach Scanner Label or Print information | | |
| Date | | Name (Required) Address | Date | | Name (Required) Address | | _ |
| Time | Time | City, State, Zip | Time | Time | City, State, Zip | | _ |
| Out | In | | Time Out | Time In | | | |
| | | Driver's license number or Other government ID # (required) | | | Driver's license number or Other gove | rnment ID # (required) | |
| Device Number | | Player Information Attach Scanner Label or Print information | Device Number | | Player Information Attach Scanner Label or Print information | | |
| Date | | Name (Required) | Date | | Name (Required) | | |
| | | Address | | | Address | | |
| Time Out | Time In | City, State, Zip | Time Out | Time In | City, State, Zip | | _ |
| | | Driver's license number or Other government ID # (required) | | | Driver's license number or Other gove | rnment ID # (required) | |
| Device Number | | Player Information Attach Scanner Label or Print information | Device Number | | Player Information Attach Scanner Label or Print information | | |
| Date | | Name (Required) | Date | | Name (Required) | | _ |
| | | Address | | | Address | | _ |
| Time Out | Time In | City, State, Zip | Time Out | Time In | City, State, Zip | | |
| | | Driver's license number or Other government ID # (required) | | | Driver's license number or Other gove | rnment ID # (required) | |
| Device Number | | Player Information Attach Scanner Label or Print information | Device Number | | Player Information Attach Scanner | Label or Print information | |
| Date | | Name (Required) | Date | | Name (Required) | | _ |
| | | Address | | | Address | | |
| Time Out | Time In | City, State, Zip | Time Out | Time In | City, State, Zip | | |
| | | Driver's license number or Other government ID # (required) | | | Driver's license number or Other gove | rnment ID # (required) | |
| Device Number | | Player Information Attach Scanner Label or Print information | Device Number | | Player Information Attach Scanner | Label or Print information | |
| Date | | Name (Required) | Date | | Name (Required) | | _ |
| Date | | Address | Date | | Address | | _ |
| Time Out | Time In | City, State, Zip | Time Out | Time In | City, State, Zip | | |
| | ·- | Driver's license number or Other government ID # (required) | | | Driver's license number or Other gove | rnment ID # (required) | _ |